

PTO/SB/22 (12-04),
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)					Docket Number (Optional)			
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)					T50002.1CON			
Application Number 09/939,780					Filed 8/28/2001			
For	For Immunological Assay for Spongiform Encephalopathies							
Art L	Jnit 1	647		Examiner Robert C. Hayes				
This appli	is a req ication.	uest under th	e provisions of 37 CFR 1.	136(a) to extend the period	d for filing a reply ir	the above	identified	
The	request	ed extension	and fee are as follows (ch	eck time period desired ar	nd enter the approp	riate fee be	elow):	
	_			<u>Fee</u>	Small Entity Fee	<u>e</u>		
1		One month	(37 CFR 1.17(a)(1))	\$120	\$60	\$_		
:		Two months	s (37 CFR 1.17(a)(2))	\$450	\$225	\$_		
	X	Three mont	hs (37 CFR 1.17(a)(3))	\$1020	\$510	\$	510	
		Four month	s (37 CFR 1.17(a)(4))	\$1590	\$795	\$_		
		Five months	s (37 CFR 1.17(a)(5))	\$2160	\$1080	\$_		
X	X Applicant claims small entity status. See 37 CFR 1.27.							
	X A check in the amount of the fee is enclosed.							
	Payment by credit card. Form PTO-2038 is attached.							
<u>.</u>	The Director has already been authorized to charge fees in this application to a Deposit Account.							
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to								
Deposit Account Number $02-4650$ I have enclosed a duplicate copy of this sheet.								
WARNING: Information on this form may become public. Credit card information should not be included on this form.  Provide credit card information and authorization on PTO-2038.								
lam	n the	appli	cant/inventor.					
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).								
	attorney or agent of record. Registration Number 31,712							
		attor	ney or agent under 37 (egistration gumber if acting un	DFR 1.34. nder 37 CFR 1.34				
_		Villian	1 Sundieur		22	SOPT.	2005	
Ì	Ŭ Signature				Date			
-		William J. E	<del></del>	410-923-2660				
1	Typed or printed name					phone Numi		
NOTE: signatu	: Signatur ure is requ	es of all the inver iired, see below.	tors or assignees of record of the	entire interest or their representat	tive(s) are required. Sub	mit multiple fo	rms if more than one	
X	Total o			are submitted.				
USPIO	to process	s) an application.	uired by 37 CFR 1.136(a). The inf Confidentiality is governed by 35 aring, and submitting the complete	formation is required to obtain or re U.S.C. 122 and 37 CFR 1.11 and red application form to the USPTO	1 1.14. This collection is	estimated to	take 6 minutes to	

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